



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
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Bureau régional de services de Hamilton  
119, rue King Ouest, 11ième étage  
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Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 6, 2012	2012_189120_0012	H-002184- 12	Follow up

**Licensee/Titulaire de permis**

RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

**Long-Term Care Home/Foyer de soins de longue durée**

WELLINGTON PARK CARE CENTRE  
802 HAGER AVENUE, BURLINGTON, ON, L7S-1X2

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

BERNADETTE SUSNIK (120)

**Inspection Summary/Résumé de l'inspection**



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): November 23, 2012

An inspection (#2012-072120-0038) was previously conducted on April 16, 2012 and an Order issued on May 15, 2012 related to inadequate lighting levels in the home. The home had a lighting assessment conducted as per requirements laid out in the Order, however time frames for complying with the requirements have not been submitted.

During the course of the inspection, the inspector(s) spoke with the administrator and maintenance staff.(H-002184-12)

During the course of the inspection, the inspector(s) toured the home, corridors, resident rooms and washrooms and measured lighting levels.

The following Inspection Protocols were used during this inspection: Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.**

**TABLE**

**Homes to which the 2009 design manual applies**

**Location - Lux**

**Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms. - Minimum levels of 322.92 lux**

**All other homes**

**Location - Lux**

**Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout**

**All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout**

**In all other areas of the home - Minimum levels of 215.28 lux**

**Each drug cabinet - Minimum levels of 1,076.39 lux**

**At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux**

**O. Reg. 79/10, s. 18, Table.**

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**Findings/Faits saillants :**



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The licensee of the long-term care home has not ensured that the lighting requirements set out in the Table are maintained.

The corridors, bedrooms and resident bathroom lighting levels were all measured with doors, window curtains and privacy curtains open during a day that was cloudy with sunny periods. A test could not be conducted for levels during the night time. Corridor lighting levels were all measured 4 feet above the floor or between waist and chest height. Bathrooms were measured just above the hand sink and above the toilets with the light source in front of the meter. Resident bedrooms were measured in the centre of the room, with all lights on.

The 1E corridor lighting was measured at 1000 lux directly below the light fixture and 100 lux between the fixtures with a spacing of 12 feet between lights. The 2E corridor measured 1000 lux under the light fixture and 160 lux between fixtures with a spacing of 8 feet between fixtures. The 2W corridor, beginning at the fire doors to the first lighting fixture is 22 feet apart and then the light fixtures are spaced 11 feet apart along the corridor. Lighting levels were 350 lux under the lights and 95 lux between lights. The ramp area between 1E and 2W has very high ceilings and 4 florescent light fixtures and 1 incandescent fixture with a lux of between 100 and 190. Corridor lighting is required to be a continuous consistent lighting of 215.28 lux.

The overall resident bedroom lighting in the majority of the rooms which have 2 hanging fixtures on the ceiling (with a 60 or 100 incandescent watt bulb) and compliant overbed lighting levels were approximately 100 lux. Most resident ensuite washrooms have adequate lighting levels above the sink, but the type of bulbs used do not spread light beyond 2 feet and the lux levels drop to 80-100 over the toilets. The bulbs are exposed and produce a lot of glare and if residents are tall and can stand in front of the vanities, are directly in their eyes. Resident bedrooms and bathrooms are required to be a minimum of 215.84.

The main foyer has multiple pot lights, with levels of 190 lux under the lights, however due to the sunny period outdoors, the general level was approximately 400 lux.

The 2W lounge area by the administrator's office has a total of 6 pot lights, with a lux of 50 under each light and 0-50 lux between them. In the adjoining area, which has 8 pot lights, some have a lux of 250 and others with a lux of 190. The pot lights did not spread light outward and produced a cone effect. Lounges are required to have a



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minimum lighting level of 215.84 lux.

The licensee had the lighting assessed by a professional lighting consultant after an Order was issued on May 15, 2012. The consultant reported on July 26, 2012 to the home that lighting levels throughout the home were below Ministry requirements set out in the table. The home rectified some of the lighting levels by changing out the type of light bulb or increasing the wattage on some of the bulbs, however the lighting levels remain below the levels set out in the Table. The home has not complied with part (b) of the Order which requires that time lines be submitted as to when the lighting levels will be rectified.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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Issued on this <sup>6<sup>th</sup></sup>~~7<sup>th</sup>~~ day of December, 2012

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs



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Order(s) of the Inspector  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BERNADETTE SUSNIK (120)

Inspection No. /

No de l'inspection : 2012\_189120\_0012

Log No. /

Registre no: H-002184-12

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Dec 6, 2012

Licensee /

Titulaire de permis : RYKKA CARE CENTRES LP  
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

LTC Home /

Foyer de SLD : WELLINGTON PARK CARE CENTRE  
802 HAGER AVENUE, BURLINGTON, ON, L7S-1X2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : ~~KEVIN BAGLOLE~~ Charlotte Nevills *bl*

To RYKKA CARE CENTRES LP, you are hereby required to comply with the following order(s) by the date(s) set out below:



Ministry of Health and  
Long-Term Care

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des Soins de longue durée

Order(s) of the Inspector  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur  
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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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Order # /                      Order Type /  
Ordre no : 001              Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /  
Lien vers ordre existant: 2012\_072120\_0038, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 18. Every licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

TABLE

Homes to which the 2009 design manual applies

Location - Lux

Enclosed Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

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All other homes

Location - Lux

Stairways - Minimum levels of 322.92 lux continuous consistent lighting throughout

All corridors - Minimum levels of 215.28 lux continuous consistent lighting throughout

In all other areas of the home - Minimum levels of 215.28 lux

Each drug cabinet - Minimum levels of 1,076.39 lux

At the bed of each resident when the bed is at the reading position - Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table.

**Order / Ordre :**





Ministry of Health and  
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**Order(s) of the Inspector**  
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Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

The Licensee shall:

a) prepare and submit a plan to the Inspector by December 31, 2012 which specifies the time lines by which the identified non-compliant lighting levels will be rectified.

The plan shall be implemented.

The written plan shall be submitted to Bernadette Susnik, Long-Term Care Homes Inspector, Ministry of Health and Long -Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th floor, Hamilton, ON, L8P 4Y7. Fax: 905-546-8255 & E-mail:Bernadette.susnik@ontario.ca

#### **Grounds / Motifs :**

1. The licensee of the long-term care home has not ensured that the lighting requirements set out in the Table are maintained.

The corridors, bedrooms and resident bathroom lighting levels were all measured with doors, window curtains and privacy curtains open during a day that was cloudy with sunny periods. A test could not be conducted for levels during the night time. Corridor lighting levels were all measured 4 feet above the floor or between waist and chest height. Bathrooms were measured just above the hand sink and above the toilets with the light source in front of the meter. Resident bedrooms were measured in the centre of the room, with all lights on.

The 1E corridor lighting was measured at 1000 lux directly below the light fixture and 100 lux between the fixtures with a spacing of 12 feet between lights. The 2E corridor measured 1000 lux under the light fixture and 160 lux between fixtures with a spacing of 8 feet between fixtures. The 2W corridor, beginning at the fire doors to the first lighting fixture is 22 feet apart and then the light fixtures are spaced 11 feet apart along the corridor. Lighting levels were 350 lux under the lights and 95 lux between lights. The ramp area between 1E and 2W has very high ceilings and 4 florescent light fixtures and 1 incandescent fixture with a lux of between 100 and 190.

The overall resident bedroom lighting in the majority of the rooms which have 2 hanging fixtures on the ceiling (with a 60 or 100 incandescent watt bulb)and



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compliant overbed lighting levels were approximately 100 lux. Most resident ensuite washrooms have adequate lighting levels above the sink, but the type of bulbs used do not spread light beyond 2 feet and the lux levels drop to 80-100 over the toilets. The bulbs are exposed and produce a lot of glare and if residents are tall and can stand in front of the vanities, are directly in their eyes.

The main foyer has multiple pot lights, with levels of 190 lux under the lights, however due to the sunny period outdoors, the general level was approximately 400 lux.

The 2W lounge area by the administrator's office has a total of 6 pot lights, with a lux of 50 under each light and 0-50 lux between them. In the adjoining area, which has 8 pot lights, some have a lux of 250 and others with a lux of 190. The pot lights did not spread light outward and produced a cone effect.

The licensee had the lighting assessed after an Order was issued on May 15, 2012. The consulting firm reported on July 26, 2012 to the home that lighting levels throughout the home were below requirements set out in the table. The home rectified some of the lighting levels by changing out the type of light bulb or increasing the wattage on some of the bulbs, however the lighting levels remain below the levels set out in the Table.

(120)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2012**



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Ministère de la Santé et  
des Soins de longue durée

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Homes Act, 2007*, S.O. 2007, c.8

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de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

### **REVIEW/APPEAL INFORMATION**

#### TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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**Ordre(s) de l'inspecteur**  
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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 6th day of December, 2012**

**Signature of Inspector /  
Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** BERNADETTE SUSNIK

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office



## Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire    X    Public Copy/Copie Public
Name of Director:	
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	
Original Inspection #:	2012_189120_0012
Licensee:	Rykka Care Centres LP 50 Samor Road, Suite 205, Toronto, ON M6A 1J6
LTC Home:	Wellington Park Care Centre 802 Hager Avenue, Burlington, ON L7S 1X2
Name of Administrator:	Kevin Baglole

Background:	
<p>Ministry of Health and Long-Term Care (MOHLTC) Inspector #120 conducted an inspection of <b>Wellington Park Care Centre</b>, in Burlington, ON, on November 23, 2012, in follow up to an order that was served on the home on May 15, 2012 related to inadequate lighting levels in the home.</p> <p>During the November 23, 2012 inspection the Inspector found that the Licensee (<b>Rykka Care Centres LP</b> or the <b>Licensee</b>) failed to comply with Ontario Regulation 79/10 (Regulation), s. 18 and made a compliance Order.</p> <p>The Licensee submitted a request for a Director's Review of the Order. The Director substitutes the original Order of the Inspector with the following Order extending the timeline for submitting a compliance plan.</p>	

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<b>Order:</b>	This Order must be complied with by: February 28, 2013 and by the dates in the Director approved compliance plan submitted by the Licensee
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To **Rykka Care Centres LP**, you are hereby required to comply with the following order by the date(s) set out below:

**Pursuant to:** O. Reg 79/10, s. 18. Every Licensee of a long-term care home shall ensure that the lighting requirements set out in the Table to this section are maintained. O. Reg. 79/10, s. 18.

**TABLE**

<b>Homes to which the 2009 design manual applies</b>	
Location	Lux
Enclosed Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 322.92 lux continuous consistent lighting throughout
In all other areas of the home, including resident bedrooms and vestibules, washrooms, and tub and shower rooms.	Minimum levels of 322.92 lux
<b>All other homes</b>	
Location	Lux
Stairways	Minimum levels of 322.92 lux continuous consistent lighting throughout
All corridors	Minimum levels of 215.28 lux continuous consistent lighting throughout
In all other areas of the home	Minimum levels of 215.28 lux
Each drug cabinet	Minimum levels of 1,076.39 lux
At the bed of each resident when the bed is at the reading position	Minimum levels of 376.73 lux

O. Reg. 79/10, s. 18, Table; O. Reg. 363/11, s. 4

**Order:** The Licensee shall:

- a) Prepare and submit a plan to the Inspector, Bernadette Susnik, by February 28, 2012, for approval by the Director, identifying the timelines by which the non-compliant lighting levels will be rectified. This plan can include different timelines for the various areas where the lighting needs to be improved to meet the requirements of the regulation; and
- b) Implement the plan as approved by the Director.



**Grounds: (as found by Inspector 120 during the inspection conducted on November 23, 2012.)**

1. The licensee of the long-term care home has not ensured that the lighting requirements set out in the Table are maintained.

The corridors, bedrooms and resident bathroom lighting levels were all measured with doors, window curtains and privacy curtains open during a day that was cloudy with sunny periods. Corridor lighting levels were all measured 4 feet above the floor or between waist and chest height. Bathrooms were measured just above the hand sink and above the toilets with the light source in front of the meter. Resident bedrooms were measured in the centre of the room, with all lights on.

The 1E corridor lighting was measured at 1,000 lux directly below the light fixture and 100 lux between the fixtures with a spacing of 12 feet between lights. The 2E corridor measured 1,000 lux under the light fixture and 160 lux between fixtures with a space of 8 feet between fixtures. The 2W corridor, beginning at the fire doors to the first lighting fixture is 22 feet apart and then the light fixtures are spaced 11 feet apart along the corridor. Lighting levels were 350 lux under the lights and 95 lux between lights. The ramp area between 1E and 2W has very high ceilings and 4 florescent light fixtures and 1 incandescent fixture with a lux of between 100 and 190. Corridor lighting is required to be continuous consistent lighting of 215.28 lux.

The overall resident bedroom lighting in the majority of the rooms which have 2 hanging fixtures on the ceiling (with a 60 or 100 incandescent watt bulb) and compliant overbed lighting levels were approximately 100 lux. Most resident ensuite washrooms have adequate lighting levels above the sink, but the type of bulbs used do not spread light beyond 2 feet and the lux levels drop to 80 – 100 over the toilets. The bulbs are exposed and produce a lot of glare and if residents are tall and can stand in front of the vanities, are directly in their eyes. Resident bedrooms and bathrooms are required to have a minimum lighting level of 215.28 lux.

The main foyer has multiple pot lights, with levels of 190 lux under the lights, however due to the sunny period outdoors; the general level was approximately 400 lux.

The 2W lounge area by the administrator's office has a total of 6 pot lights, with a lux of 50 under each light and 0 – 50 lux between them. In the adjoining area, which has 8 pot lights, some have a lux of 250 and others have a lux of 190. The pot lights did not spread light outward and produced a cone effect. Lounges are required to have a minimum lighting level of 215.28 lux.

A Ministry Inspector issued an Order on May 15, 2012 in respect of the same finding of non-compliance with the lighting requirements in s. 18.

After this Order was made, the licensee had the lighting assessed by a professional lighting consulting firm. The consulting firm reported to the home on July 26, 2012 that lighting levels throughout the home were below requirements set out in the Table in s. 18 of the Regulation. The home rectified some of the lighting levels by changing the type of light bulb or increasing the



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

wattage on some of the bulbs, however the lighting levels remain below the levels set out in the Table as described above.

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

and the

Director,  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
1075 Bay St., 11th Floor, Suite 1100  
Toronto ON M5S 2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 29th day of January, 2013.

Signature of Director:

Name of Director:

Karen Simpson